

STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM

See Instructions and *Privacy
Statement on Reverse Side

Page 1 of 1 Pages

STD. 262 (REV. 12/93)

CLAIMANT'S NAME
Sandra Perez

SSAN OR EMPLOYEE NUMBER*

DEPARTMENT
DEPARTMENT OF MANAGED HEALTH CARE

POSITION
Director

CB/ID NO.
M01

DIVISION OR BUREAU
Office of the Patient Advocate

INDEX NUMBER
6000

RESIDENCE ADDRESS*

HEADQUARTERS ADDRESS
980 - 9th Street, Suite 500

TELEPHONE NUMBER
(916) 324-6407

CITY
Sacramento

STATE
CA

ZIP CODE
[REDACTED]

CITY
Sacramento

STATE
CA

ZIP CODE
95814

(1) MONTH / YEAR	(2)	(3) LOCATION Where Expenses Were Incurred	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
DATE	TIME			Break- fast	Lunch	O.T., LT, N/C, Relo. or Dinner		(A) Cost of Trans.	(B) Type Used	Tolls, Parking	(D) Private Car Use			
											Miles	Amount		

30-Sept.	8:00 am	Sacramento - Oakland	155.25		10.00	18.00		33.00	PC/R		15	8.25		\$224.50
1-Oct.	9:00 pm	San Francisco - Sacramento		6.00	10.00	18.00	6.00		PC		102	56.10		\$96.10
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
(10) SUBTOTALS			155.25	6.00	20.00	36.00	6.00	33.00		0.00	118	64.35	0.00	\$320.60
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$	320.60

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

9/30-10/01-2009: PURPOSE: Attended the California Primary Care Association Conference.

Home (PC) to Amtrak Station; Amtrak(one way)\$33.00 to Oakland.(Please note, staff drove me from Oakland to meeting venue in San Francisco.

(PC - Spouse picked my up; from San Francisco to Sacramento; (no train ticket) from meeting venue.

(12) NORMAL WORK HOURS

0800 - 1700

(13) PRIVATE VEHICLE LICENSE #

4GNH186

(14) MILEAGE RATE CLAIMED

0.550

(15) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE AND TITLE 9 (See Item 17 on reverse)

DATE

AGENCY ACCOUNTING OFFICE
USE ONLY
PAID BY REVOLVING FUND CHECK #

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CLAIMANT'S NAME **Sandra Perez** SSAN OR EMPLOYEE NUMBER* DEPARTMENT
DEPARTMENT OF MANAGED HEALTH CARE

POSITION Director CB/ID NO. M01 DIVISION OR BUREAU Office of the Patient Advocate INDEX NUMBER 6000

RESIDENCE ADDRESS* HEADQUARTERS ADDRESS 980 - 9th Street, Suite 500 TELEPHONE NUMBER (916) 324-6407

CITY STATE ZIP CODE CITY STATE ZIP CODE
Sacramento CA Sacramento CA 95814

(1) MONTH / YEAR	(2) DATE	(3) LOCATION Where Expenses Were Incurred	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
	TIME			Break- fast	Lunch	O.T., LT, N/C, Relo. or Dinner		(A) Cost of Trans.	(B) Type Used	Tolls, Parking	(D) Private Car Use			
											Miles	Amount		

Oct. 7	4:30 am	Sacramento - Burbank		6.00					PC/A/ RC		15	8.25		\$14.25
	7:30 pm	Burbank - Sacramento				18.00			A/PC	9.00	16	8.80		\$35.80
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
(10) SUBTOTALS			0.00	6.00	0.00	18.00	0.00	0.00		9.00	30	17.05	0.00	\$50.05
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$	50.05

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

10/7/2009 - PURPOSE: Attended OPA HEROIC Training on "Becoming a Spokesperson for OPA".

Airport Parking: \$9.00/day -

(12) NORMAL WORK HOURS

0800 - 1700

(13) PRIVATE VEHICLE LICENSE #

4GNH186

(14) MILEAGE RATE CLAIMED

0.550

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Sandra Perez DEPARTMENT OF MANAGED HEALTH CARE

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Director M01 Office of the Patient Advocate 6000

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DATE	TIME		Break- fast	Lunch	O.T., LT, N/C, Relo. or Dinner		(A) Cost of Trans.	(B) Type Used	Tolls, Parking	(D) Private Car Use			
										Miles	Amount		

19-Oct	12:30 pm	Sacramento - Ontario				18.00			RC/P C		15	8.25		\$26.25
20/Oct.	10.30 pm	Ontario - Sacramento		6.00	10.00	18.00	6.00	46.00	RC		15	8.25	12.95	\$107.20
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
(10) SUBTOTALS			0.00	6.00	10.00	36.00	6.00	46.00		0.00	30	16.50	12.95	\$133.45
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$	133.45

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

10/19-21-2009; PURPOSE: Attended the California Association of Health Plans (CAHP) Annual Conference; Guest Speaker.

Conference paid for hotel room and tax.

Internet Service \$12.95; Car Rental gas \$46.00.

(12) NORMAL WORK HOURS

0800 - 1700

(13) PRIVATE VEHICLE LICENSE #

4GNH186

(14) MILEAGE RATE CLAIMED

0.550

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DATE	TIME			Break- fast	Lunch	O.T., LT, N/C, Relo. or Dinner		(A) Cost of Trans.	(B) Type Used	Tolls, Parking	(D) Private Car Use			
											Miles	Amount		

26-Oct.	7:00 am	Sacramento - Orange County	143.88		10.00	18.00			PC/A	9.00	15	8.25		\$189.13
27-Oct.		Long Beach	143.88	6.00		18.00	6.00		RC	9.00	16	8.80		\$191.68
28-Oct.	8:30 am 10:30 am	Long Beach - Sacramento		6.00			6.00		A/PC	6.00				\$18.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
(10) SUBTOTALS			287.76	12.00	10.00	36.00	12.00	0.00		24.00	31	17.05	0.00	\$398.81
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$	398.81

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

10/26-28/2009: PURPOSE: Attended the Governor's Women's Conference.

10/28 - Parking @ \$9.00/day; thereafter by hour (not all day) arrived in Sacramento in morning.

(12) NORMAL WORK HOURS

0800 - 1700

(13) PRIVATE VEHICLE LICENSE #

4GNH186

(14) MILEAGE RATE CLAIMED

0.550

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